

OMB No.: 0915-0285. Expiration Date: 3/31/2023

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration

## **FORM 4: COMMUNITY CHARACTERISTICS**

FOR HRSA USE ONLY			
LAL Number	Application Tracking Number		

<b>Note:</b> Data on race and/or ethnicity collected on this form will not be used as a designation factor.					
Race	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent	
Asian		will auto- calculate in EHBs		will auto- calculate in EHBs	
Native Hawaiian		will auto- calculate in EHBs		will auto- calculate in EHBs	
Other Pacific Islanders		will auto- calculate in EHBs		will auto- calculate in EHBs	
Black/African American		will auto- calculate in EHBs		will auto- calculate in EHBs	
American Indian/Alaska Native		will auto- calculate in EHBs		will auto- calculate in EHBs	
White		will auto- calculate in EHBs		will auto- calculate in EHBs	
More than One Race		will auto- calculate in EHBs		will auto- calculate in EHBs	
Unreported/Refused to Report		will auto- calculate in EHBs		will auto- calculate in EHBs	
Total:	will auto- calculate in EHBs	100%	will auto- calculate in EHBs	100%	
Hispanic or Latino Ethnicity	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent	
Hispanic or Latino		will auto- calculate in EHBs		will auto- calculate in EHBs	
Non-Hispanic or Latino		will auto- calculate in EHBs		will auto- calculate in EHBs	
Unreported/Refused to Report		will auto- calculate in EHBs		will auto- calculate in EHBs	
Total:	will auto- calculate in EHBs	100%	will auto- calculate in EHBs	100%	

Income as a Percent of Poverty Guideline	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
100% and below		will auto- calculate in EHBs		will auto- calculate in EHBs
101-200%		will auto- calculate in EHBs		will auto- calculate in EHBs
Over 200%		will auto- calculate in EHBs		will auto- calculate in EHBs
Total:	will auto- calculate in EHBs	100%	will auto- calculate in EHBs	100%
Principal Third Party Medical Insurance	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
Medicaid		will auto- calculate in EHBs		will auto- calculate in EHBs
Medicare		will auto- calculate in EHBs		will auto- calculate in EHBs
Other Public Insurance		will auto- calculate in EHBs		will auto- calculate in EHBs
Private Insurance		will auto- calculate in EHBs		will auto- calculate in EHBs
None/Uninsured		will auto- calculate in EHBs		will auto- calculate in EHBs
Total:	will auto- calculate in EHBs	100%	will auto- calculate in EHBs	100%
Special Populations and Select Population Characteristics	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
Migratory/Seasonal Agricultural Workers and Families		will auto- calculate in EHBs		will auto- calculate in EHBs
People Experiencing Homelessness		will auto- calculate in EHBs		will auto- calculate in EHBs
Residents of Public Housing		will auto- calculate in EHBs		will auto- calculate in EHBs
School Age Children		will auto- calculate in EHBs		will auto- calculate in EHBs
Veterans		will auto- calculate in EHBs		will auto- calculate in EHBs
Lesbian, Gay, Bisexual, and Transgender		will auto- calculate in EHBs		will auto- calculate in EHBs

Special Populations and Select Population Characteristics	Service Area Population	Service Area Population Percent	Target Population	Target Population Percent
People Living with HIV		will auto- calculate in EHBs		will auto- calculate in EHBs
Individuals Best Served in a Language Other Than English		will auto- calculate in EHBs		will auto- calculate in EHBs
Other Please Specify (maximum 200 Characters):		will auto- calculate in EHBs		will auto- calculate in EHBs

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.